

**DEPARTMENT OF FAMILY ADMINISTRATION
FOSTER CARE COURT IMPROVEMENT PROJECT
TPR/PERMANENCY GRANT QUARTERLY REPORT**

Grant No. _____ **FY:** _____ **Quarter** _____ **1** **2** **3** **4**

Please use this form to report on the services provided with funding from the TPR/Permanency Grant. This report is due 15 days after the end of each quarter:

1st Quarter (July 1 through September 30)
2nd Quarter (October 1 through December 31)
3rd Quarter (January 1 through March 31)
4th Quarter (April 1 through June 30)

Quarterly report **due** - October 15
Quarterly report **due** - January 15
Quarterly report **due** - April 15
Quarterly report **due** - July 15

Submit completed Quarterly Reports by mail only to:

Foster Care Court Improvement Project
Attn. Anthony Campbell
Grant Administrator
Administrative Office of the Courts
580 Taylor Avenue
Annapolis, Maryland 21401

I. Grantee Information

Organization Name _____

Organization Address _____

Contact Person(s): _____ Phone _____

Email _____

Fiscal Contact: _____ Phone _____

(If different from contact person)

Email _____

This Quarterly Report has been prepared and submitted by

Name (printed) Title

Signature Date

Approved By: _____
(Signature of administrative judge or other court officer if applicable)

II. Expenditures *This section applies to all grants. Please complete the appropriate columns.*

Grant No. _____ FY: _____ Quarter_____ 1 2 3 4

Description	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	YTD	Approved Budget
Operational Expenses	A	B	C	D	E	F
Personnel Costs						
Salary:						
Fringe:						
Subtotals Personnel Costs:						
Administrative Costs						
Dues / Subscriptions / Publications:						
Equipment / Software:						
Information Management:						
Printing / Photocopying:						
Supplies:						
Telephone:						
Training:						
Other (specify):						
Subtotal Administrative Costs						
Total Operational Expenses*						
*Subtotals Personnel Costs + Subtotals Administrative Costs						

III. Program Summary *This section applies to all grants. Please answer all applicable questions and attach additional sheets as necessary.*

Grant No. _____ FY: _____ Quarter _____ 1 2 3 4

1. **Program Description:** Describe the nature of the program funded by this grant, types of services provided, and any changes this quarter. Discuss how the program helps resolve barriers to permanency, e.g. meeting time standards, early identification of parents, shortening time between removal and reunification.

2. **Quarterly Accomplishments:** Discuss accomplishments made this quarter toward overall goal(s). Share any anecdotal success stories (do not provide names) that demonstrate achievement of program goals.

3. **Community Education:** Describe how stakeholders were educated about the program during this quarter. This includes community presentations to the public, court personnel, etc.

4. **Collaboration:** Describe any collaborative efforts this quarter with the Family Division/Family Services Program in which you serve, or with other agencies.

5. **Other Funding Sources:** List any additional funding sources below and identify which aspects of the program are provided through that additional funding.

IV. Program Statistics *This section applies to all grants. Please answer all applicable questions for the services funded by the TPR/Permanency Grant.*

Grant No. _____ FY: _____ Quarter_____ 1 2 3 4

How many CINA and TPR cases were referred and accepted for program services?	This Quarter	Year to Date	Comments
Number of cases referred			
Number of cases rejected			
Total no. of cases accepted for program services			
Who initiated the referral of the case to the program?			
No. of cases by Judge or Master			
No. of cases by Attorney for Child			
No. of cases by Attorney for DSS			
No. of cases by Attorney for Parent			
No. of cases by Social Worker			
Other (<i>please specify</i>)			
At what point in the case were referrals made?			
No. at shelter care			
No. at adjudication/disposition			
No. at permanency planning			
No. at review			
No. at TPR			
Other (<i>please specify</i>)			

V. ADR Program Outcomes *Complete and include this section only for ADR programs funded by the TPR/Permanency Grant*

Grant No. _____ FY: _____ Quarter _____ 1 2 3 4

As a result of referral to program services	This Quarter	Year to Date	Comments
Total No. of cases receiving program services			
No. of cases with full agreements			
No. of cases with partial agreements			
No. of cases where no agreement was reached			
No. of cases where mediation did not occur because after referral, ADR was deemed not appropriate			
No. of cases where mediation did not occur due to other circumstances, e.g. settled prior, absent party, session cancelled/judicial order rescinded			

1. What is the average length of time of ADR sessions? How often are additional sessions in the same case requested?
2. In those cases where a full or partial agreement is reached, what are the most common issues parties agree upon?
3. In those cases where no agreement is reached or ADR does not occur for any reason, how frequently does the mediator document a facilitated discussion amongst parties in attendance in place of mediation session?

VI. Drug Court or Treatment Enhancement Program Outcomes *Complete and include this section only for drug court or drug treatment enhancement programs funded by the TPR/Permanency Grant.*

Grant No. _____ FY: _____ Quarter _____ 1 2 3 4

As a result of referral to program services	This Quarter	Year to Date	Comments
Total no. of cases receiving program services			
No. of cases where reunification of parent and child was achieved			
No. of cases where improvement in compliance or achievement of a specified case/service plan milestone was documented			
No. of cases closed due to completion of the program			
No. of cases closed due to non-compliance			

1. What is the process from referral to acceptance of a case? What is the average length of time or projected time for completion of the program?
2. What are the eligibility criteria for participation in the program?
3. What is the frequency of judicial interaction with each participant?
4. What incentives encourage compliance with the program and how does the program respond to clients not in full compliance or fully participating?

VII. Service of Process or Parent Locator Program Outcomes

Complete this section only for Service of Process and/or parent locator programs funded by the TPR/Permanency Grant.

Grant No. _____ FY: _____ Quarter _____ 1 2 3 4

As a result of referral to program services	This Quarter	Year to Date	Comments
Total No. of cases for which service was attempted			
No. of cases where service was effectuated or parent was located			
No. of cases where publication was necessary			
No. of cases where service was attempted on the father or parent location services were directed at the father			
No. of cases where service was attempted on the mother or parent locator services were directed at the mother			
No. of cases where the father was found			
No. of cases where the mother was found			

1. On average, how many attempts are made to effectuate services in a single case?
2. What is the average cost of service of process?
3. What is the typical method of service of process?
4. What are the typical methods utilized to locate parents and are there significant monetary costs associated with certain methods?
5. If a parent was not located, were any resources identified in this case? Please specify.

VIII. Paternity Lab Program Outcomes *Complete this section only for paternity lab programs funded by the TPR/Permanency Grant.*

Grant No. _____ FY: _____ Quarter _____ 1 2 3 4

As a result of referral to program services	This Quarter	Year to Date	Comments
No. of Father samples collected			
No. of Child samples collected			
No. of Mother samples collected.			
Total No. of samples collected			
Of the total number of samples analyzed	This Quarter	Year to Date	Comments
How many fathers were ruled out?			
How many fathers were ruled in or identified?			
Of the cases where the father was identified:	This Quarter	Year to Date	Comments
In how many cases was child placed with Father			
In how many cases was child placed with paternal relatives?			
How many families were served?	This Quarter	Year to Date	Comments
Mother, child, and father cases			
Father only and child cases			
Mother only and child cases			
Total No. of Families Served			

IX. System Improvement Project Progress Report *Complete and include this section only for computer systems improvements programs funded by the TPR/Permanency Grant.*

Grant No. _____ **FY:** _____ **Quarter** _____ **1** **2** **3** **4**

1. Every quarterly report should provide a brief narrative assessment of the project's effectiveness thus far. The narrative should include qualitative and quantitative evidence, as available, and also highlight factors that the author considered to have facilitated or implore the projects effectiveness.
2. A summary of the progress in completing goals for the grant must include the implementation status of specific objectives, including dates of completion, when applicable. The grantee should also highlight the status of any objectives that were delayed in the previous quarter.
3. Describe any barriers to implementing or completing any objectives and the corrective actions taken or planned to overcome the barriers.
4. Describe any proposed changes in objectives and the rationale for changing any objectives. Include a description of the anticipated benefits to making such changes and the implications that those changes have for completing other tasks.

X. Parenting Skills Enhancement Project Report *Complete and include this section only for parenting skills enhancement programs funded by the TPR/Permanency Grant.*

Grant No. _____ FY: _____ Quarter_____ 1 2 3 4

As a result of referral to program services	This Quarter	Year to Date	Comments
Total no. of evening dinners			
No. of children attending the dinner			
No. of mothers attending the dinner			
No. of fathers attending the dinner			
No. of foster parents attending the dinner			
No. of families attending the dinner			
No. of parent group sessions			
How many families were found to be appropriate for the program			

1. Please describe the topics discussed and the length of time spent for each group session:

2. What organizations did you agency collaborate with to achieve the outcomes this reporting period?